

almost 18 million people in Yemen are food insecure with more than 8 million facing starvation.

The war and Saudi Arabia's impediments to the delivery of food, fuel, and medicine are the primary causes for this crisis. Saudi Arabia's impediments to humanitarian assistance in Yemen violate international law, humanitarian principles, and U.S. law. They also undermine U.S. national security interests.

Since March, I have taken a number of steps to demand an end to the Saudi impediments to humanitarian assistance and to encourage the administration to use its significant leverage with Riyadh.

On December 6, the President said, "I have directed officials in my Administration to call the leadership of the Kingdom of Saudi Arabia to request that they completely allow food, fuel, water, and medicine to reach the Yemeni people who desperately need it. This must be done for humanitarian reasons immediately."

In my view, we now need to see action from the Saudis, not just assurances.

The Saudis must finally and completely end all impediments to the delivery and transport of humanitarian aid in Yemen. Each day costs many lives and patience is running out in Washington.

If Saudi Arabia continues to be unresponsive to the President's demands and demands from Congress, failing to permit the delivery of the U.S. taxpayer funded cranes to Yemen's most important humanitarian port and continuing to block the delivery of commercial fuel shipments, I stand ready to take legislative action.

I was proud to support Ms. Newstead's confirmation today, and I look forward to working closely with her.

Thank you.

CONFIRMATION OF OWEN WEST

Mr. VAN HOLLEN. Madam President, equality of opportunity is one of our Nation's greatest pursuits and greatest struggles. Though the path has not been easy, our society has slowly and steadily become more just, more decent, and more powerful. President Obama's Defense Secretary Carter reaffirmed this principle when he stated that every qualified woman who met the high physical standards required of her would be allowed to serve our country in combat.

Owen West soundly rejected this policy and the ethic undergirding it in an inflammatory opinion editorial authored with his father in March of 2016. He asserted that integrating women into infantry platoons, including those who "could run circles around the average Marine grunt" with their "physical prowess," would "swiftly reduce combat effectiveness." He discounted the ability of women to contribute to mission effectiveness, equating them

only with "intimate scandals." He contended that women would "introduce sex, affection, favoritism, protectiveness, jealousy, anxiety and all the other co-ed dynamics to an infantry platoon."

These chauvinistic views have no place in the Department of Defense, particularly in positions of leadership. As Assistant Secretary of Defense for Special Operations and Low Intensity Conflict, Mr. West will be responsible for the integration of women into our Special Operations Forces. I appreciate that Mr. West offered a retraction of his views on women in the military during his Senate confirmation hearing, at the behest of Democratic members of the Armed Services Committee, and it is my hope that Mr. West will do his utmost to support and recruit qualified women into the military in the future. However, many of President Trump's nominees have reneged on commitments made during their confirmation hearings. Given Mr. West's public record on women in combat, I cannot take that risk by supporting his confirmation.

KEVIN AND AVONTE'S LAW

Mr. GRASSLEY. Madam President, in the 114th Congress, we came very close to passing Kevin and Avonte's Law, a bill named in honor of two boys with autism who wandered away from their caregivers and drowned.

I reintroduced this legislation last month with Senators KLOBUCHAR, TILLIS, SCHUMER, and others to equip communities with important tools to help locate individuals who wander away from their families or caregivers due to dementia or a developmental disability. The bill we crafted adds new protections for children with developmental disabilities, like autism, which are linked to wandering.

The original version of this bill, which I authored with Senator SCHUMER, passed both Chambers of Congress late last year. It passed this Chamber by voice vote over a year ago, while a similar House companion garnered over 90 cosponsors before passing the other Chamber, 346-66, last December. Unfortunately, we ran out of time to resolve the differences between the two Chamber's versions before the 114th Congress adjourned.

This year, the Judiciary Committee approved Kevin and Avonte's Law by voice vote, and, before reporting the bill to the full Senate last month, we reached bipartisan consensus on an offset. Our offset consists of the Federal Register Printing Savings Act, which Senator PORTMAN introduced earlier this year. Senator PORTMAN's office agreed to work with us and incorporate S. 1195 into Kevin and Avonte's Law. We currently are seeking unanimous consent to pass both bills in one legislative package.

Meanwhile, the House has passed its own version of the Federal Register Printing Savings Act, introduced by

Congressman RUSSELL of Oklahoma. The House-passed version of that bill won the approval of the Homeland Security Committee earlier this year, and that panel is seeking unanimous consent to pass it. I support this legislation, which is virtually identical to Senator PORTMAN's bill, but I placed a temporary hold on the House companion yesterday, so that we can find a way to pass that legislation and Kevin and Avonte's Law simultaneously.

By ensuring that both measures pass as one package, we can make additional resources available to equip first responders, law enforcement officials, and other community leaders with the training and tools necessary to better prevent and respond to missing person cases. By doing so, we also can make grants available to educate and train caregivers as well as other members of the community on how to prevent wandering by those with dementia or developmental disabilities.

HEALTHCARE

Ms. CANTWELL. Madam President, I wish to call attention to several urgent and bipartisan health programs that Congress must renew without further delay.

The Republican majority has spent much of this year trying to pass partisan healthcare and tax legislation. As a result, they have neglected to extend numerous uncontroversial healthcare programs, threatening these programs' very existence and causing needless chaos and uncertainty.

It is past time that the Republican-controlled Congress extend these programs to provide healthcare access and certainty to millions of Americans.

First, I would like to address the Children's Health Insurance Program, CHIP. CHIP is a bipartisan healthcare success story. Enacted 20 years ago, thanks to the leadership of Senate Finance Committee Chairman ORRIN HATCH and the late Senator Ted Kennedy, CHIP brings affordable health coverage to children in families who are not eligible for Medicaid but struggle to afford private insurance.

Washington's successful CHIP program, Apple Health for Kids, covers about 60,000 children. Through CHIP, parents get peace of mind, and States and the Federal Government pitch in to share the cost.

CHIP means affordable healthcare for 9 million children. On average, a family of four pays \$158 per year in premiums and deductibles for each CHIP-enrolled child. The same family would likely pay more than \$1,000 in annual out-of-pocket costs on a commercial insurance plan, even after counting available financial help. That is a difference of more than \$800 per year for millions of families across the country and represents real affordability.

Because of CHIP, children have a medical home. In fact, more than 90 percent of Washington children with CHIP coverage visited a primary care

provider at least once in 2014, the most recent year in which data were available. CHIP also provides kids with benefits that are often more comprehensive than those offered in the commercial insurance market, including immunizations, periodic screenings, hearing exams, and dental care. We know that prevention and early detection are key to reducing the burden of disease and health costs. CHIP emphasizes these early interventions during the critical early years of a child's life, helping kids grow up to be healthy, productive, and successful adults.

Yet, despite CHIP's near-universal popularity and lack of partisan controversy, this Congress has allowed CHIP to go unfunded since October 1, 2017. This long and unprecedented lapse threatens CHIP's very survival. Already, it has thrown States, including Washington, into crippling uncertainty and administrative disruption. Some States have been forced to send letters to CHIP families informing them that their coverage will end. Moreover, if Congress fails to extend CHIP, my State will be on the hook for hundreds of millions of dollars to make up for Congress's failure to act.

Next, I would like to highlight the urgent need to reauthorize funding to community health centers.

Community health centers are a bedrock of the healthcare safety net and are the preferred medical home for tens of millions of working Americans. Washington's 26 community health centers serve 1 million people in every corner of my State, from Spokane to Seattle, Omak to Port Angeles.

Community health centers are a lean and efficient healthcare delivery model, focusing on primary care, prevention, case management and social services for their patients. They are also good for the economy, supporting more than 9,000 jobs and \$1 billion in annual economic output in my State alone.

The Community Health Center Fund, which comprises the majority of these health centers' Federal funds, expired on October 1, 2017. As a result, community health centers in my State are at risk of having to turn off the lights and turn away patients. Already, the expiration of the Community Health Center Fund has threatened these centers' ability to retain and hire nurses and doctors and make financial arrangements for the coming year.

The Community Health Center Fund was enacted in 2010 so that millions of newly covered Americans would have a medical home. The fund is doing just that. Moreover, the Community Health Center Fund was extended with strong bipartisan support in 2015, when an overwhelming majority of the House and Senate, myself included, supported its extension as part of the Medicare and CHIP Reauthorization Act, MACRA. It is past time for Congress to extend this program without delay.

In addition, Federal funds have been allowed to expire for a number of addi-

tional but equally important health programs. All enjoy a history of strong bipartisan support. These programs include the Maternal, Infant, and Early Childhood Home Visiting Program, the Special Diabetes Program, the Teaching Health Center Program, and certain Medicare provisions.

The Maternal, Infant, and Early Childhood Home Visiting—MIECHV—Program is an evidence-based grant that is helping States and Tribes improve early childhood and maternal health. MIECHV-funded home visiting programs, which are voluntary, have benefited 1,650 Washington families in 15 counties and have reduced in half the likelihood of child abuse and neglect. MIECHV is a prime example of evidence-driven policymaking that is improving the health and well-being of vulnerable mothers and children. It is also strongly bipartisan. Unfortunately, MIECHV's Federal funding expired on October 1, 2017.

The Special Diabetes Program and the Special Diabetes Program for Indians are modest investments with a proven track record of combatting diabetes. As a senior member of the Senate Diabetes Caucus, I recognize that diabetes is a leading cause of death and a major driver of healthcare costs. In particular, the Special Diabetes Program for Indians supports 27 community-driven grant programs in Washington's Tribal communities, helping Tribal members prevent, diagnose, and manage this condition through lifestyle changes, counseling, and treatment.

The Teaching Health Center Program is also a small investment with a big return. Teaching Health Center funds are currently being used to train 722 primary care medical residents in 27 States and the District of Columbia. Data show that many physicians eventually practice close to where they train, and the Teaching Health Center Program is training physicians where they are needed most. In Spokane, Toppenish, Tacoma, Yakima, and Auburn, Teaching Health Centers are training a new generation of safety-net physicians to serve those most in need. While the Teaching Health Center Program has received a short-term extension, its funding will expire on January 1, 2018, if Congress does not act.

Lastly, several temporary Medicare provisions have expired and must be renewed. These provisions help rural Medicare patients get hospital, ambulance, and home health services where they live. Additional Medicare "extenders" prevent essential services like physical therapy from being arbitrarily capped for Medicare patients. Extending these provisions is important to preserving healthcare access in rural Washington State and empowering our healthcare delivery system to continue to improve and innovate.

The programs I have highlighted and many more are vital to my constituents, my State's economy, and our healthcare delivery system. They are

also strongly bipartisan. I call on my Republican colleagues to work with us in a good-faith negotiation to extend these programs immediately.

TRIBUTE TO R. ANDREW MURRAY

Mr. TILLIS. Madam President, I congratulate Andrew Murray on his investiture as the U.S. Attorney for the Western District of North Carolina.

Andrew graduated magna cum laude from the University of North Carolina at Charlotte with a bachelor of science in political science and received his juris doctor from the University of North Carolina School of Law.

Throughout his career, Andrew has dedicated himself to public service and leadership. Andrew enlisted in the U.S. Coast Guard in 1980 and retired in 2015, serving his country faithfully for 35 years. During his service, he earned a number of decorations, including the Coast Guard Meritorious Service Medal, three Coast Guard Commendation Medals, the Coast Guard Achievement Medal, and the Coast Guard 9/11 Service Medal.

Andrew began his legal career at the Mecklenburg County District Attorney's Office as an assistant district attorney. Later, he worked in private practice before being elected to serve as the district attorney of Mecklenburg County, North Carolina's largest prosecutorial district. During his tenure as district attorney, he led the office with the utmost distinction and is highly respected for his leadership.

I am proud that Andrew is willing to continue serving western North Carolina in a new role as U.S. Attorney. Western North Carolina is lucky to have such an experienced prosecutor and effective leader to command this important office. He is a dedicated public servant whose extensive prosecutorial experience and relationships with law enforcement will bolster the mission of the Department of Justice and promote public safety.

Senator BURR and I proudly recommended Andrew to President Trump, and I know that he will lead the U.S. Attorney's Office with honor.

TRIBUTE TO STEVE JOHNSON

Mr. SHELBY. Madam President, today I wish to pay tribute to Steve Johnson who is retiring on December 22, 2017, from his position as the manager of the U.S. Senate Dining Room.

Mr. Johnson is a well-respected member of the Senate family. For over two decades, Mr. Johnson has managed the Senate Dining Room with care, enthusiasm, poise, and the utmost hospitality. He understands the rich history and importance of this institution and has witnessed much of its tradition over the years, serving Supreme Court Justices, Vice Presidents, and many of my Senate colleagues.

Starting in 1995, Mr. Johnson's leadership has kept the Senate Dining Room running smoothly and efficiently. Whether it is tallying receipts